



APPLICATION FOR OCCUPATIONAL DRIVER LICENSE

SEE INSTRUCTIONS ON REVERSE SIDE

FOR VALIDATION ONLY 106-040-254-0005

NAME (Last, First, Middle Initial)				ODL FEE _____ DATE RECEIVED _____	
RESIDENCE ADDRESS				LSR INITIALS _____ OFFICE NO. _____	
CITY			STATE	ZIP	
MAILING ADDRESS					
CITY			STATE	ZIP	
BIRTHDATE	DRIVER LICENSE NUMBER		SOCIAL SECURITY NUMBER Requested for identification purposes only. Entering SSN is voluntary. WAC 308-104-014.		
APPLICATION BASED ON <input type="checkbox"/> Conviction <input type="checkbox"/> Arrest		DATE OF ARREST	CITATION NO.	ARRESTING AGENCY	

NOTICE OF COURT CONVICTION—TO BE COMPLETED BY COURT

VIOLATION DATE		TICKET/ DOCKET NUMBER		ARRESTING AGENCY/ NCIC NUMBER		COURT/ NCIC NUMBER	
CHARGE & TIME OF DAY (Military time)				DWI/ PHYSICAL CONTROL CONVICTIONS			
<input type="checkbox"/> ALCOHOL RELATED				Conviction BAC _____ <input type="checkbox"/> Refusal <input type="checkbox"/> No BAC <input type="checkbox"/> Drug Related			
PLEA <input type="checkbox"/> G <input type="checkbox"/> NG	CHANGE	FINDING <input type="checkbox"/> G <input type="checkbox"/> NG <input type="checkbox"/> D <input type="checkbox"/> BF		FINE \$	SUSPENDED \$	SUB-TOTAL \$	
FINDING JUDGMENT DATE		TO SERVE		WITH _____ days suspended		CREDIT FOR TIME SERVED	
RECOMMEND NON-EXTENSION OF SUSPENSION <input type="checkbox"/> Yes <input type="checkbox"/> No		LICENSE SURRENDERED? <input type="checkbox"/> Yes, date _____ <input type="checkbox"/> No		IGNITION INTERLOCK REQUIRED Years: <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> Other _____		TOTAL COST \$	
SIGNATURE OF COURT REPRESENTATIVE <i>I certify that the foregoing is a true and correct record of the proceedings of the above entitled case.</i>							
X				Date			

AFFIDAVIT OF EMPLOYMENT—TO BE COMPLETED BY EMPLOYER

NAME OF EMPLOYER				
STREET ADDRESS OF EMPLOYER				
CITY			STATE	ZIP
EMPLOYEE WORK/ COMMUTE HOURS (Not over 12 hrs in a 24 hr period) From _____ <input type="checkbox"/> am <input type="checkbox"/> pm To _____ <input type="checkbox"/> am <input type="checkbox"/> pm		DAYS EMPLOYEE WORKS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		GEOGRAPHICAL WORK/ COMMUTE AREA (County or City)
EMPLOYEE NEEDS TO OPERATE A MOTOR VEHICLE TO: <input type="checkbox"/> Drive to/ from work <input type="checkbox"/> Make deliveries/ service/sales calls <input type="checkbox"/> Other _____				
NAME OF REPRESENTATIVE TO CONTACT FOR VERIFICATION				(AREA CODE) TELEPHONE NUMBER ()
SIGNATURE OF EMPLOYER OR AUTHORIZED REPRESENTATIVE				
X				Date

APPLICANT STATEMENT—TO BE COMPLETED BY APPLICANT

APPLICANT SIGNATURE <i>I certify that I am engaged in an occupation or trade that makes it essential for me to operate a motor vehicle either on the job or to and from work.</i>	
X	
Date	
(AREA CODE) HOME TELEPHONE NUMBER ()	(AREA CODE) WORK TELEPHONE NUMBER ()

Eligibility requirements for an Occupational Driver License (RCW 46.20.391)

1. You must have had a valid driver license on the effective date of the suspension for the arrest or the date of conviction.
2. You must not have committed any of the following mandatory offenses within the previous twelve months from the date of offense of your current conviction: Driving While Under the Influence of Alcohol or Drugs, Physical Control, Reckless Driving, Hit and Run (Occupied), Attempting to Elude a Police Vehicle, Racing, Vehicular Homicide, Vehicular Assault, Negligent Homicide, or Driving While Suspended or Revoked.
3. You must not have committed any of the following offenses: Driving While Under the Influence of Alcohol or Drugs, Physical Control, or Vehicular Assault or Vehicular Homicide, or Negligent Homicide within the seven years immediately preceding the date of arrest for the conviction or incident for which the Occupational License is requested.
4. By law Occupational Driver Licenses cannot be issued for suspensions or revocations for Negligent Homicide, Vehicular Assault, Vehicular Homicide, Habitual Traffic Offender or Refusal to Submit to a Breath/Blood Test.
5. An Occupational Driver License cannot be issued until after the initial 30 day period of suspension for the arrest or conviction for Driving While Under the Influence of Alcohol or Drugs or Physical Control has expired.
6. Your driving privilege must not be presently suspended or revoked for **any reason**.
7. You must be presently engaged in an occupation or trade that makes it essential to operate a motor vehicle. Occupation or trade means being self-employed or in the employ of another for monetary compensation.
8. The Department will cancel an Occupational Driver License upon receipt of notice that the holder has been convicted of operating a motor vehicle in violation of its restrictions or of an offense which would require suspension/revocation of the driving privilege during the time the Occupational Driver License is in effect.

An Occupational Driver License cannot be granted to operate a commercial motor vehicle in compliance with Chapter 46.25 RCW.

If you feel you meet the above eligibility requirements, please follow the instructions below.

Instructions

1. Complete the applicant information at the top of the form. Be sure to check the appropriate "APPLICATION BASED ON:
☐ Conviction ☐ Arrest" box(s) at the top of the form.
2. If "Conviction" is checked, have the "NOTICE OF COURT CONVICTION" section completed by a representative of the court. If "Arrest" is checked, include date of arrest, citation number, and arresting agency, if known.
3. Have the "AFFIDAVIT OF EMPLOYMENT" section completed by your employer.
4. File proof of financial responsibility by **one** of the following methods:
 - By filing a Certificate of Insurance (SR-22) issued by the home office of a company authorized to do business in the State of Washington. *(This is the simplest and most common means of compliance. If you choose this method, contact your insurance agent for assistance. Because this process may take several weeks, your prompt action is advised.)*
 - By filing a surety bond executed by the person giving proof and a surety company duly authorized to do business in this state, or by the person giving proof and by two individual sureties.
 - By filing a certificate from the State Treasurer signifying that a sum of \$60,000 or collateral of equivalent value approved by him has been deposited.
5. Sign and date this application. Be sure all required information has been completed.
6. Take the completed form to any driver licensing office and pay the required \$25 nonrefundable fee or mail the form and fee to:
Department of Licensing, Driver Services Occupational License Desk, PO Box 9048, Olympia, WA 98507-9048.

THIS IS NOT AN OCCUPATIONAL DRIVER LICENSE. Once your application has been processed and if all other requirements have been met, your Occupational Driver License will be mailed to you by the Department of Licensing in Olympia. This license will specify the times you may drive, the vehicles you may drive and the area within which you may drive for employment purposes. The Occupational Driver License can only be used for employment purposes within the hours and geographical areas specified. If you have further questions, please call the Customer Service Unit at **(360) 902-3900**.